APPLICATION AS FILED - PART I	on or Bocket Humber 3/6
Colima 41	
(OURILLY) CLAIL CLAIM	OTHER THAN
FOR . NUMBER FRED HILLIAGO CITAL	SMALL ENTITY
1.16(e), p), or (e))	RATE(S) FEE(S)
CH FEE R 1.16(P), At or (mi)	
INATION FEE R 1.18(0), (p), or (q))	
CLAIMS	
ENDENT CLAIMS X	
If the specification and death in the control of th	
ATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets of multiplier deach	
4.16(e)) additional 50 ehapets or facility for each additional 50 ehapets or facility thereof. See	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
LE DEPENDENT OLAIM PRESENT (37 OFR 1.189))	
florence in column if it less than zero, enter "0" in column 2.	
APPLICATION AS AMENDED - PART II	OTAL
(Oolumn 1) (Oolumn 2) (Oolumn 3)	
OXIMB HIGHEST SMALL ENTITY OR	OTHER THAN BMALL ENTITY
AFTER PREVIOUSLY EXTRA RATE (1) . ADDI	TE (F) ADDI-
Cotal Minus " 200 0 FEE (6)	TIONAL FEE (t)
indent Minus 11 B	0 .
action Size Fee (ST CFR 1.16(e)) OR XAGE	2.
PRESENTATION OF MULTIPLE DEPENDENT OLAIM (37 OFR 1.16(1))	127275
TOTAL OR OR	
(Cotumn 1) (Cotumn 2) (Cotumn 2)	FEE
REMAINING NUMBER PRESENT	
AMENDMENT PAID FOR EXTRA ADDI- RATE	
ition 6 Minus " 20 - FEE (t)	TIONAL PEE(S)
Minus " 2 OR X	
on Size Fee (37 OPR 1.18(s)) OR X	=
ESENTATION OF MULTIPLE DEPENDENT CLAIM (31 OFR L160)).	
TOTAL OR TOTAL	
ADD'L FEI	B .
real Number Proviously Paid For IN THIS SPACE is less than 20, enter 20.	
Information is required by 37 CFR 1.18. The information is required to the appropriate box in column 1.	
p. preparing, and submilling the completed application form to the Heart A. This collection to cally add near the collection to the light of the public which is	to file (and by the
lies 11 september 1 and	ise. Any comments
TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED	FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.